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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Attorney Docket Number	2380-560
		First Named Inventor	Jim Carothers
		COMPLETE IF KNOWN	
		Application Number	Not Yet Assigned
		Filing Date	Herewith
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### SPHERICAL PIPE BURSTER

(Title of the Invention)

the specification of which

☒ is attached here

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
PCT/US2004/025896	PCT	08/09/2004	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]


This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and selection option 2.

**DECLARATION – Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number		28839		OR <input type="checkbox"/> Correspondence address below	
Name Lawrence F. Grable, Esquire Tomlinson & O'Connell, P.C.					
Address Two Leadership Square 211 North Robinson, Suite 450					
City Oklahoma City		State Oklahoma		Zip 73102	
Country U.S.A.	Telephone 405/606-3369		Fax 866/633-6160		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Give Name (first and middle [if any]) Jim			Family Name or Surname Carothers		
Inventor's Signature <i>James L. Carothers</i>				Date 01-04-2006	
Residence: City Perry		State Oklahoma		Country US	Citizenship US
Mailing Address Route 2, Box 162B					
City Perry		State Oklahoma		Zip 73077	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Give Name (first and middle [if any]) Kelvin P.			Family Name or Surname Self		
Inventor's Signature <i>Kelvin P. Self</i>				Date 1/4/06	
Residence: City Stillwater		State Oklahoma		Country US	Citizenship US
Mailing Address 319 Wildwood Acres Drive					
City Stillwater		State Oklahoma		Zip 74075	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 3 of 3	

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY::		<input type="checkbox"/>	A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any]) H. Stanley			Family Name or Surname Mullins	
Inventor's Signature 			Date 1/4/06	
Residence: City Perry	State Oklahoma	Country US	Citizenship US	
Mailing Address 11301 Frontier				
City Perry	State Oklahoma	Zip 73077	Country US	
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY::		<input type="checkbox"/>	A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	Zip	Country	
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY::		<input type="checkbox"/>	A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	Zip	Country	

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